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AA  
\*\* CONTINUING DATA \*\*\*\*\*AA  
\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>Alissa M. Allen</u> Initials	NEW ZEALAND	4	27	2

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## TITLE

Intraluminal inflatable counter-pulsation heart assist device

FILING FEE  RECEIVED 513	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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